PLACE OF BIRTH ARIZONA STATE BOARD OF HEALTH	
1. County of BUREAU OF VITAL STATISTICS State Index No.	
ORIGINAL CERTIFICATE OF BIRTH Co. Partition No. 202	
or Local Registrar No.	
City of Meani No. Well Street St. Ward)	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child	If child is not yet named, make supplemental report, as directed
3. Sex of Child Control of the child Control of the child Control of the child child child control of the child ch	6. Legiti- mate? 7. Date May 10-19-8 birth (Month, day, year)
8. FATHER Full name Peter Peuz	14. MOTHER Full maiden name Tres grey
9. Residence (Usual place of abode) If nonresident, give place and State (Usual place of abode)	15. Residence (Usual place of abode) If nonresident, give place and State
10. Color or race Space and 1. Age at last birthday	16. Color or race They (Caus). Age at last birthday 2 (Years)
12. Birthplace (city or place) State or country)	18. Birthplace (city or place)
13. Occupation Donald	19. Occupation
Nature of Industry	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.) (a) Born alive and now living(b) Born alive but now dead(c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was a stated.	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwire)
Given name added from a supplemental report	nay 15, 19 8 Co & Down Local Registrar.
Filed , 19. Registrar. County Registrar.	

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